

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10603445 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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41						
42	1					
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44						
45						
46	1					
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	47					
TOTAL CLAIMS	51					

	AFTER 3RD AMENDMENT		AFTER 4TH AMENDMENT		AFTER 5TH AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						